

[Name and address to be  
Inserted by Claims Administration]

**CLAIM FORM**  
*Brady, et al. v. Air Line Pilots Association, International*  
Civil Action No. 02-cv-2917

To receive money from the settlement in this case, you must complete this Claim Form and mail it so that it is received no later than [60 days from date of mailing], 2014, by the Claims Administrator at the following address:

Brady, et al. v. Air Line Pilots Association  
c/o McGladrey LLP  
P.O. Box 1387  
Blue Bell, PA 19422.

[ ] If your name and address agrees with the name and mailing address above, please check this box and provide your telephone number and social security number. Your social security number is necessary because we are required to report this payment to you to the IRS:

[ ] If your name and/or address is different, check this box and complete the following:

I have read the Notice of Class Action Settlement. I understand that by reason of this settlement, I am releasing any and all claims I may have against ALPA, KittyHawk and its reinsurers, arising out of the transaction and events alleged in this Class Action.

signature

If you made monetary contribution(s) to this lawsuit, previously known as *Bensel v. ALPA*, and are seeking reimbursement of those contributions, please complete this section of the Claim Form. To qualify for reimbursement, please include proof of your contribution, such as credit card or bank statements, copies of checks, receipts, etc.

Please list the dates and amounts of each contribution in the lines below (additional pages may be used):

Date:	Amount:	Method of Payment:	Receipt Attached?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that my above statements are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment for perjury under federal law.

signature \_\_\_\_\_